

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OPEIU JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

A. John W Jatoft

Mailing Address 4071 Port Chicago Hwy
Suite 200

City State Zip Code
Concord CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5312652

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. John W Jatoft

Mailing Address 4071 Port Chicago Hwy
Suite 200

City State Zip Code
Concord CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5312653

Amount of Each Receipt this Period

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Full Name (Last, First, Middle Initial)

C. John W Jatoft

Mailing Address 4071 Port Chicago Hwy
Suite 200

City State Zip Code
Concord CA 94520

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federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C5312654

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00